

HUMAN SERVICES DEPARTMENT[441]**Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

The proposed amendment will increase premiums for members under the Medicaid for Employed People with Disabilities (MEPD) program with income over 165 percent of the federal poverty level (FPL). The state is required to adjust the premium scale based on the health insurance cost for state employees. The premium amount for members with income over 150 percent of FPL but under 165 percent of FPL was not increased in order to maintain a sliding scale with a reasonable number of gradually increasing income and premium increments.

The amendment also clarifies policy on when to reopen an individual’s case if the case is canceled for nonpayment. The amendment also revises policy on where to mail the MEPD premiums and revises the form number of the MEPD billing statement.

This amendment does not provide for waivers in specified situations because individuals may request a waiver of any rule under the Department’s general rule on exceptions at rule 441—1.8(17A,217).

Any interested person may make written comments on the proposed amendment on or before April 10, 2012. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement 2011 Iowa Code Supplement section 249A.3(2)“a”(1) and Social Security Act Sections 1916A(a)(2)(B), (b)(1)(B)(ii) and (b)(2)(A).

The following amendment is proposed.

Amend paragraph **75.1(39)“b”** as follows:

b. Eligibility for a person whose gross income is greater than 150 percent of the federal poverty level for an individual is conditional upon payment of a premium. Gross income includes all earned and unearned income of the conditionally eligible person. A monthly premium shall be assessed at the time of application and at the annual review. The premium amounts and the federal poverty level increments above 150 percent of the federal poverty level used to assess premiums will be adjusted annually on August 1.

(1) and (2) No change.

(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$34
165% of Federal Poverty Level	\$44 <u>46</u>
180% of Federal Poverty Level	\$54 <u>56</u>
200% of Federal Poverty Level	\$65 <u>66</u>
225% of Federal Poverty Level	\$75 <u>78</u>
250% of Federal Poverty Level	\$86 <u>88</u>
300% of Federal Poverty Level	\$106 <u>108</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
350% of Federal Poverty Level	\$ 427 <u>130</u>
400% of Federal Poverty Level	\$ 448 <u>152</u>
450% of Federal Poverty Level	\$ 469 <u>174</u>
550% of Federal Poverty Level	\$ 209 <u>215</u>
650% of Federal Poverty Level	\$ 250 <u>257</u>
750% of Federal Poverty Level	\$ 292 <u>300</u>
850% of Federal Poverty Level	\$ 335 <u>344</u>
1000% of Federal Poverty Level	\$ 399 <u>409</u>
1150% of Federal Poverty Level	\$ 469 <u>481</u>
1300% of Federal Poverty Level	\$ 560 <u>574</u>
1480% of Federal Poverty Level	\$ 660 <u>667</u>

(4) to (6) No change.

(7) An individual's case may be reopened when Medicaid eligibility is canceled for nonpayment of premium. However, the full premium must be ~~paid in full within the calendar month following the month the payment was due for reopening~~ received by the department on or before the last day of the month following the month the premium is to cover.

(8) Premiums may be submitted in the form of money orders or personal checks to the address printed on the ~~return envelope enclosed with~~ coupon attached to Form 470-3902, MEPD Billing Statement.

(9) and (10) No change.

(11) Form ~~470-3694~~ 470-3902, MEPD Billing Statement, shall be used for billing and collection.